

HIV (AIDS VIRUS) TEST CONSENT FORM Public Health – Seattle & King County

Introduction

Human immunodeficiency virus (HIV) is the cause of acquired immunodeficiency syndrome (AIDS). All people infected with HIV can spread it to others by having unprotected sex, sharing needles, and donating blood or organs. Infected mothers can also spread HIV to newborns. Testing for HIV infection is voluntary. Read this sheet carefully to help you decide whether or not you want to be tested.

How We Test for HIV; What the Tests Mean

We first perform an initial test for HIV antibodies (the body's reaction to the virus). Positive initial test results are confirmed, using additional tests. A CONFIRMED POSITIVE test means that a person is infected with HIV and can infect others. For people whose tests are confirmed positive, we may test to see if their virus will respond to medicines commonly used to treat HIV infection.

A NEGATIVE test means there is no evidence of HIV infection. This usually means that the person is not infected with HIV. However, sometimes the infection may have happened too recently for the test to turn positive. The current tests usually turn positive within one month of infection. Therefore, if you were infected very recently, a negative test result could be wrong.

False results (a negative test in someone who is infected, or a positive test in someone who is not infected) and indeterminate results (that are not clearly positive or negative) are rare, and are usually cleared up by more tests.

Benefits of Being Tested

There are important benefits to being tested. Many infected people will benefit from medicines that delay or prevent AIDS and other serious infections. Tests can help determine the best medicines to use. Also, test results can help people make choices about birth control or pregnancy. Although everyone should follow safer sex guidelines whether or not they are infected with HIV, many people find that knowing their test results helps them to protect their partners and themselves. Some people want to know their test results before beginning a new sexual relationship or becoming pregnant. Most people will be reassured by learning that they are not infected.

Risks and Disadvantages of Being Tested

Some people may experience stress, anxiety, or depression while waiting for the test result or after learning about a positive result. Some people with negative tests may be tempted to continue or increase activities that can lead to HIV infection, such as unprotected sex or sharing of needles. Some people are afraid that their test result will get into the wrong hands, leading to discrimination. For these reasons, you should consider your social supports, such as family and friends, and your insurance needs, before you are tested.

Privacy and Confidentiality

Washington State law requires health care providers and laboratories to report the name of anyone infected with HIV to the local health department, although names are not kept beyond 90 days after completion of the report. However, you can choose to be tested anonymously. In anonymous testing your name is not obtained or reported if you test positive. Penalties for violations of the confidentiality laws are severe.





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Other Information

In some instances, results will be available by telephone. However, if your result is positive, you will be asked to return for counseling in person. If your HIV test is positive and you do not call or return to learn the result, we will try to contact you to tell you the result and provide you with counseling. If your test is positive, people with whom you have had sex or shared needles need to be informed that they may be infected and should be tested for HIV. If you are unable to inform your partner(s) or do not wish to do so, we can notify exposed people for you without telling anybody your name.

Your test result, personal information, and information in your HIV case report (if you test confidentially and your result is positive) will be used for public health monitoring and may be used for research. We sometimes store blood samples to check the quality of our HIV testing methods.

Consent for HIV Testing

I have read and understand the above information. I have been told about the nature of the HIV test; what the results mean; and the benefits and risks of being tested. I understand that I have the choice not to be tested. I give my permission to Public Health -- Seattle & King County to perform an HIV test and to give me the results.

Consent for Treatment I hereby ask and give my permission to receive any and all medical and dental health care and services

available from, and thought to be necessary by, the medical/dental staff of Public Health--Seattle & King County. These services may include, but are not limited to, such procedures as x-rays, blood studies, photographs, and immunizations. Signature/Relationship Name or code of person being Unique code Date tested Certification I certify that the person named above has been given an opportunity to read the above information and ask questions, that he or she understands the issues discussed, that his or her decision to undergo HIV testing is an informed and voluntary one, and that I have witnessed his or her signature. PHSKC Provider Interpreter Date CONSENT / CERTIFICATION FOR REPEAT TESTS Signature/Relationship Code Provider Date Signature/Relationship Code Provider Date Signature/Relationship Code Provider Date Signature/Relationship Code Provider Date